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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	TRUMP, DONALD, J., , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number					
	P.O. BOX 13570		TOOK II dadio	oo onangoa		P80001571					
	(c) City, State, and ZIP Code			2004	•	3. Is This New Statement (N) OR X (A)					
	ARLINGTON Party Affiliation	5. Office Sough	V.A	2221		Statement (N) OR (A) rict of Candidate					
4.	REPUBLICAN PARTY	Presidentia			o. State & Dist	00					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be f	iled with the app	oropriate offi	ce listed in t	ne instructions.						
	(a) Name of Committee (in full)										
	DONALD J. TRUMP	FOR PR	ESIDEN	T 2024,	INC.						
	(b) Address (number and street)										
	P.O. BOX 13570										
	(c) City, State, and ZIP Code										
	ARLINGTON				VA	22219					
	DE	SIGNATIO		MED VII.	TUODIZED	COMMITTEES					
	DE			_	g Representativ						
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.											
NOTE: This designation should be filed with the principal campaign committee.											
	(a) Name of Committee (in full)										
	TRUMP SAVE AME	RICA JO	INT FUI	NDRAIS	ING COM	MITTEE					
	(b) Address (number and street)										
	P.O. BOX 13570										
	(c) City, State, and ZIP Code										
	ARLINGTON				VA	22219					
	Logrify that I have eva	mined this State	ament and to	the best of	my knowledge a	and belief it is true, correct and complete.					
6:	<u> </u>	IIIIIIeu IIIIS State	errierit ariu tu	ine best of	my knowieuge a	Date					
Signature of Candidate											
11	RUMP, DONALD, J., ,					12/11/2023					
N	OTE: Submission of false, erroneous,	or incomplete i	nformation n	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.					

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) TRUMP BILIRAKIS VICTORY FUND									
	PO BOX 606									
	(c) City, State, and ZIP Code	-								
	TARPON SPRINGS FL 34688									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)									
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	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									